FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 AM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K86580

1. Corporation Name

Quality Marketing Associates, Inc.

300001468433
-04/28/95--01071--003
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
2633 E. Atlantic Blvd.
Pompano Beach, FL 33062

Mailing Address

3. Date Incorporated or Qualified: 5/9/89

3a. Date of Last Report:

2. Principal Place of Business
21 2633 E. Atlantic Blvd.
22 Suite, Apt. #, etc.
23 City & State: Pompano Beach, FL
24 Zip: 33062 25 County: Broward

2a. Mailing Address
26 2633 E. Atlantic Blvd.
27 Suite, Apt. #, etc.
28 City & State: Pompano Beach, FL
29 Zip: 33062 30 County: Broward

4. FEI Number: 65-0121641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARK J. LABATE, ESQ.
101 NE 3rd Ave., Suite 300
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81 Name: MARK J. LABATE
82 Street Address (P.O. Box Number is Not Acceptable): 101 NE 3rd Ave, Suite 300
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ 4/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T/D William B. Chapple 6278 N. Federal Hwy., Suite 284 33308 Pompano Bch FL. Lauderdale, FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/S/T/D WENTZ, JOSEPH A. 2633 E. Atlantic Blvd. Pompano Bch, FL 33062	☒ Change ☐ Addition
		21 / 22 / 23 / 24		☐ Change ☐ Addition
		31 / 32 / 33 / 34		☐ Change ☐ Addition
		41 / 42 / 43 / 44		☐ Change ☐ Addition
		51 / 52 / 53 / 54		☐ Change ☐ Addition
		61 / 62 / 63 / 64		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Pres. 4/11/95 (305) 793-3901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #